CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 00/00/00

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the sub

or the policy, ce	rtain policies may require an endorsement. A statement on this certi-	neate does not confer rights to the certificate	noidei	in neu of such endorsement(s).			
PRODUCER		CONTACT					
Insurance Broker 1234 Main St Any Town, CA 91234		NAME: John Doe					
	1234 Main St	PHONE					
		(A/C, No, Ext): 951-123-4567	(A/C, No): 951-456-7899				
		E-MAIL					
		ADDRESS Johndoe@broker.com					
		INSURER(S) AFFORDING COVERAGE		NAIC #			
INSURED		INSURER A: Insurance Carrier		<mark>12345</mark>			
		INSURER B: Insurance Carrier		<mark>54321</mark>			
	City Contractor 4321 State St.	INSURER C: Insurance Carrier		<mark>67890</mark>			
		INSURER D: Insurance Carrier		<mark>25896</mark>			
	Our Town, CA 94321	INSURER E:					
	Our Town, On Onozi	INSURER F.					

COVERAGES CERTIFICATE NUMBER: 123456 REVISION NUMBER: 654321

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	CONDITIONS OF SUCH POLICIES. LIMITS	SHOWN IV	<u>IAY HA</u> VE	BEEN KEDUC		IVIS.			
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	LIMITS	
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT COC	×		123456789	00/00/00	00/00/00	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (ANY one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS – COMP/OP AGG	\$ 1,000,000 \$ \$ \$ \$ 2,000,000 \$	
В	AUTOMOBILE LIABILITY MANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS CHIRED AUTOS NON-OWNED AUTOS CHIRED CHIRED CHIRE	x		987654321	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY(Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000 \$ \$ \$ \$	
	□UMBRELLA LIAB □ OCCUR □EXCESS LIAB □ CLAIMS-MADE □ DED □ RETENTION \$			J			EACH OCCURRENCE AGGREGATE	\$ \$	
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			65DEF4321	00/00/00	00/00/00	WC STATU- OTH TORY LIMITS ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$1,000,000 \$	
D	Professional Liability			65DEF4321	00/00/00	00/00/00	Per Claim Aggregate	\$1,000,000 \$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The City of Temecula, Successor Agency to the Temecula Redevelopment Agency, and the Temecula Community Services District, their officers, officials, employees and volunteers are named Additional Insured on General and Auto Policies.

CERTIFICATE HOLDER

City of Temecula Attn: Finance Department PO Box 9033 Temecula, CA 92589-9033

ACORD 25 (2010/05)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATIONDATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jonathan Doe

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Notes:

<u>General/Auto Liability</u>: If contractor owns no automobiles, a non-owned auto endorsement to the General Liability policy is acceptable. <u>Workers' Compensation</u>: If contractor has no employees, contractor shall execute a declaration that it has no employees.